

1639

\$  
JW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Jonathan S. Stamler  
Application No.: 08/874,992 Group: 1639  
Filed: June 12, 1997 Examiner: B. M. Celsa  
Confirmation No.: 3513  
For: NO-Modified Hemoglobins and Uses Therefor

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

October 22, 2004 Beverly Weinberger

<u>Date</u>	<u>Signature</u>
<u>Beverly Weinberger</u>	
Typed or printed name of person signing certificate	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and two Terminal Disclaimers for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA						
TOTAL	1	MINUS	*	52	0					
INDEP	1	MINUS	**	35	0					
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM										
			RATE		ADDET. FEE					
			X	\$ 9	\$					
			X	\$44	\$					
			+	\$150	\$					
							OR			
								RATE	ADDET. FEE	
								X	\$18	\$
								X	\$88	\$
								+	\$300	\$

- \* not fewer than 20
- \*\* not fewer than 3

\*\* not fewer than 2

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [        ] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		<b>TOTAL: \$ <u>0</u></b>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [        ] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	
	Two Terminal Disclaimers	\$ <u>110</u>
		\$ _____
		<b>TOTAL: \$ <u>110</u></b>

A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol A. Egner  
 Carol A. Egner  
 Registration No.: 38,866  
 Telephone (978) 341-0036  
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: October 22, 2004